

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3576 / 5584

|                              |   |                              |                              |                              |                             |
|------------------------------|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 16  | <input checked="" type="checkbox"/> 17a | <input type="checkbox"/> 17b | <input type="checkbox"/> 17c | <input type="checkbox"/> 17d | <input type="checkbox"/> 18 |
| <input type="checkbox"/> 19a | <input type="checkbox"/> 19b            | <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)  
**CARSON AMERICA**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT ORR**

Mailing Address **3411 SERENA AVE**

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| CLOVIS | CA    | 93619-2019 |

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ORR ANESTHESIA SERVICES**

Occupation  
**CRNA**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**425.00**

**Transaction ID : SA17.169480**

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 16  |   | 2015    |

## CONTRIBUTION

Amount of Each Receipt this Period

**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT ORR**

Mailing Address **3411 SERENA AVE**

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| CLOVIS | CA    | 93619-2019 |

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ORR ANESTHESIA SERVICES**

Occupation  
**CRNA**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**425.00**

**Transaction ID : SA17.206812**

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 29  |   | 2015    |

## CONTRIBUTION

Amount of Each Receipt this Period

**200.00**

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT ORR**

Mailing Address **3411 SERENA AVE**

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| CLOVIS | CA    | 93619-2019 |

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ORR ANESTHESIA SERVICES**

Occupation  
**CRNA**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**425.00**

**Transaction ID : SA17.87371**

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 05  |   | 2015    |

## CONTRIBUTION

Amount of Each Receipt this Period

**100.00**

**Subtotal Of Receipts This Page** (optional).....

**350.00**

**Total This Period** (last page this line number only) .....